



TRANSYLVANIA UNIVERSITY

COUNSELOR'S EVALUATION AND RECOMMENDATION

Student: Please ask your high school guidance counselor to complete this form and send it along with a copy of your high school transcript to the Office of Admissions by the appropriate deadline.

Recommender: Transylvania University is interested in learning about this applicant's academic and personal qualifications. This form will be used for both admission and scholarship decisions. Please send your letter of recommendation along with this form, a copy of the student's current high school transcript, and a school profile to our Office of Admissions. Call us if you have any questions at (800) 872-6798 or (859) 233-8242 or send e-mail to admissions@transy.edu.

Student's Name

High School or College/University City State Zip Code

How long have you worked with this student? _____

Do you know this student in a capacity outside of school? ☐ Yes ☐ No If yes, please explain. _____

Student's cumulative grade point average is _____ as of _____ on a _____ point scale.

The GPA is _____ weighted _____ unweighted

Does your school give weight to the following courses:

Advance Placement (AP) _____ yes _____ no

Honors _____ yes _____ no

Advanced _____ yes _____ no

International Baccalaureate (IB) _____ yes _____ no

Other _____ _____ yes _____ no

Please list your school's grading scale if it is not reflected on the transcript:

A _____

B _____

C _____

D _____

F _____

Are courses currently taken on a block schedule? _____ yes _____ no

If yes, date block scheduling began _____

Student's rank in class is _____ out of _____ students as of (date) _____. The rank is ☐ weighted, ☐ unweighted.

How many students share this rank? _____

What percentage of a typical graduating class at your school attends a four-year college? _____ A two-year college? _____

Compared with that of other college preparatory students at your school, this student's course selection is:

☐ most demanding ☐ very demanding ☐ demanding ☐ average ☐ less than demanding

What courses does this student have in progress?

_____	_____
_____	_____
_____	_____
_____	_____

What are the first words that come to your mind to describe this student? _____

(Continued on back)

LETTER OF RECOMMENDATION

You may write your letter in this space or attach it to this form. Your evaluation of this student will be very important in helping us determine whether to accept this student for admission and consider him or her for scholarships. We are particularly interested in the candidate's intellectual promise, enthusiasm, special talents, and performance in the classroom.

☐ I highly recommend this student.

☐ I recommend this student.

☐ I recommend *with reservation*.

☐ I do not recommend.

☐ Mr. ☐ Mrs.

☐ Ms. ☐ Dr. _____ Title _____

School Name and Address _____

Street _____ City _____

State _____ Zip Code _____ Office Phone (_____) _____

Signature _____ E-Mail _____

Return to: Transylvania University, Office of Admissions, 300 North Broadway, Lexington, KY 40508-1797